

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90045 022 ****70.00



DOCUMENT # 704467	
1. Entity Name FLORIDA MEMORIAL UNIVERSITY, INC.	
Principal Place of Business 15800 N.W. FORTY-SECOND AVE. MIAMI FL 33054	Mailing Address 15800 N.W. FORTY-SECOND AVE. MIAMI FL 33054
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 59-0668483		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SMITH, ALBERT E KARL S. WRIGHT 15800 N.W. 42ND AVENUE MIAMI FL 33054	7. Name and Address of New Registered Agent Name Wright, Karl S Street Address (P.O. Box Number is Not Acceptable) 15800 N.W. 42nd Avenue City Miami Gardens, FL Zip Code 33054
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when registering) DAFF

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CD COLEMAN, A.B. JR. 5660 MONCRIEF RD. JACKSONVILLE FL 32209	TITLE	CD George, Charles W 1743 NW 193rd Street Miami, FL 33056
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	SD WILSON, RICHARD L REV 8250 CONCORD BLVD, WEST JACKSONVILLE FL 32208	TITLE	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P SMITH, ALBERT E 15800 NW 42ND AVE OPA LOCKA FL 33054	TITLE	P Wright, Karl S 15800 N.W. 42nd Avenue Miami Gardens, FL 33054
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	TD RHIM, HENRY T REV/DR 2968 BREVE DR JACKSONVILLE FL 32209	TITLE	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Karl S. Wright, Ph.D** **305-626-3604**